

FROM : LUSKY & MOTOLA P.A.  
Division of Corporations

PHONE NO. (305) 446-1205

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From:

Account Name : LUSKY & MOTOLA, ESQ.  
Account Number : 110331002052  
Phone : (305) 446-1245  
Fax Number : (305) 446-1205

**LIMITED LIABILITY COMPANY**

**Diapers Empowerment Zone New Markets LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE  
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA  
01 SEP - 7

**ARTICLE I: Name** The name of the Limited Liability Company is:

**Diapers Empowerment Zone New Markets LLC**

**ARTICLE II Address:** The mailing address and street address of the principal office of the Limited Liability Company is:

**901 E. 10<sup>th</sup> Avenue, Unit 12B, Hialeah, FL 33010**

**ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature:** The name and the Florida street address of the registered agent are:

**Sean Kelly, 901 E. 10<sup>th</sup> Avenue, Unit 12B, Hialeah, FL 33010**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

  
Registered Agent's Signature

**Article IV Management**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager managed company.

  
Signature of Member or Authorized Representative

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SEAN KELLY  
Typed or Printed Name of Signer

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